

COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY EMERGENCY MEDICAL SERVICES



COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES POLICY/PROCEDURE/PROTOCOL

SUBJECT: PEDIATRIC TREATMENT PROTOCOL - RESPIRATORY DISTRESS

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Date: 07/01/2018

BLS ALS

- Ensure patent airway
- Dislodge any airway obstruction
- O₂ Saturation
- Transport in position of comfort
- Reassurance
- Carboxyhemoglobin monitor prn, if available
- O₂ and/or ventilate prn
- May assist patient to self-medicate own prescribed MDI ONE TIME ONLY. Base Hospital contact required to any repeat dose.

Hyperventilation:

- o Coaching/reassurance.
- o Remove patient from causative environment.
- o Consider underlying medical problem.

<u>Toxic Inhalants (CO exposure, smoke, gas, etc.)</u>:

 Consider transport to facility with Hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient

Respiratory Distress with croup-like cough:

 Aerosolized saline or water 5 ml via oxygen powered nebulizer/mask. MR prn

- Monitor EKG
- IV SO adjust prn
- BVM prn
- Capnography monitoring **SO** prn

Respiratory Distress with bronchospasm:

- Albuterol per drug chart via nebulizer <u>SO</u>. MR
 SO
- Atrovent per drug chart via nebulizer added to first dose of Albuterol SO

If severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent, consider:

Epinephrine 1:1,000 per drug chart IM <u>SQ</u>.
 MR x2 q5 minutes <u>SQ</u>

Respiratory Distress with stridor at rest:

- Epinephrine 1:1,000 per drug chart via nebulizer <u>SO</u>. MR x1 <u>SO</u>
- $_{\odot}$ Epinephrine 1:1000 per drug chart IM $\underline{SO}.$ MR x 2q 5 minutes \underline{SO}

Note: If history suggests epiglottitis, do NOT visualize airway. Utilize calming measures.

- -Avoid albuterol in Croup.
- -Consider anaphylaxis if wheezing in the patient with pediatric distress, especially if no history of asthma. Refer to Allergic Reaction/Anaphylaxis Protocol (S-162).
- < 2 years old with no prior albuterol use (bronchiolitics) consider:
 - suctioning of nose with bulb suction prn
 - capnography, assessing respirations with a one minute count
 - provide position of comfort
 - -O2 saturation prn pulse oximetry< 90% and/or respiratory distress (tachypnea, retractions, grunting)
 - BVM to assist ventilation prn for significant respiratory distress, grunting, ALOC